



Mediators  
Lawrence F. King, J.D.  
Christopher L. Griffith, J.D., M.S.

## CLIENT INFORMATION (Confidential)

Your Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

What name do you prefer to be addressed by? \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County in which you reside: \_\_\_\_\_

Telephone(s):

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile/Cell/Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_.

Occupation, if employed outside home: \_\_\_\_\_

Employer Name (or Company Name, if self-employed): \_\_\_\_\_

Purpose of Mediation (check one):

Divorce  After Divorce  Legal Separation  Before Marriage

Paternity-Related  Other (describe): \_\_\_\_\_

Is this matter in Court? No  Yes  If "Yes",

County of Court: \_\_\_\_\_ Case Number \_\_\_\_\_ Division \_\_\_\_\_

Court date pending? No  Yes  If "Yes", approximate date: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage (City, County, State): \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Are there children of this family? No  Yes  If “Yes”,

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Referred by: \_\_\_\_\_

Your Attorney’s Name, if applicable: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please Note:***  
Divorce Resolutions® strives to provide the highest quality, professional family and divorce-related mediation services. So that retainers (advances against anticipated future fees or costs) are not required of mediation clients, payment in full is due at the end of each session or as services (including documents) are provided.